

Date: \_\_\_\_\_

Memorandum

To: National Business Center

From: Accounts Payable Branch, BC-622  
Denver, Colorado

Subject: Report of Taxable Fringe Benefit (Fitness Center Reimbursement Fees)

Employee  
Name: \_\_\_\_\_

Employee  
SSN: \_\_\_\_\_

Department: **IN** Bureau: **05** Subbureau: **(State/Center/WO):**

Amount of Entitlement: \$ \_\_\_\_\_ **(Up to 50% of annual membership fee; not to exceed \$275 per year)**

Accounting Classification: \_\_\_\_\_

Membership Period: \_\_\_\_\_

Approving Official: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_